

COPY

3768 27-11-34W

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

RELEASED

API NO. 15- 109-20,495

County LOGAN

2 2 SE 25 SE SE Sec. 27 Twp. 11S Rge. 34 X East West

Operator: License # 3988

Name: Slawson Exploration Company, Inc.

Address 20 N. Broadway, Suite 700

City/State/Zip Oklahoma City, OK 73102

Purchaser:

Operator Contact Person: Stephen Slawson

Phone (405) 232-0201

Contractor: Name: L. D. Drilling, Inc.

License: 6039

Wellsite Geologist: Kim Shoemaker

Designate Type of Completion

- New Well Re-Entry Workover
- Oil SWD Temp. Abd.
- Gas Inj Delayed Comp.
- Dry Other (Core, Water Supply, etc.)

If OWNED: old well info as follows:

Operator:

Well Name:

Comp. Date Old Total Depth

Drilling Method:

Mud Rotary Air Rotary Cable

12-03-90 12-13-90

Spud Date Date Reached TD Completion Date

330' Ft. North from Southeast Corner of Section

330' Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

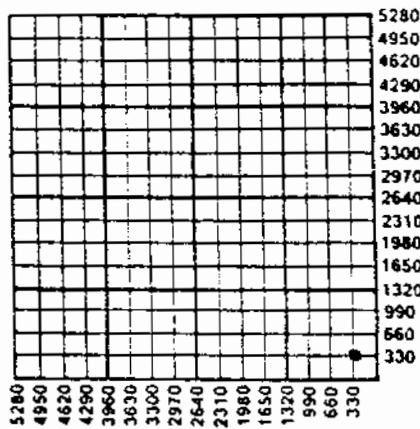
Lease Name SCHERTZ "S" Well # 1

Field Name Wildcat

Producing Formation

Elevation: Ground 3188' KB 3193'

Total Depth 4785' PBD



Amount of Surface Pipe Set and Cemented at 300 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set Feet

If Alternate II completion, cement circulated from

feet depth to w/ sx cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form. See rule 82-3-107 for confidentiality in excess of 12 months. One copy of all wireline logs and drillers time log shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature *[Signature]*

Title Division Engineer Date 1/11/91

Subscribed and sworn to before me this 11 day of January, 91.

Notary Public *Mia A. Johnston*

Date Commission Expires Sept. 13, 1994

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached

C Wireline Log Received

C Drillers Timelog Received

Distribution

KCC SWD/Rep NGPA

KGS Plug Other (Specify)

SIDE TWO

Operator Name SLAWSON EX) LORATION COMPANY, Lease Name SCHERTZ "S" Well # 1
 INC. County LOGAN
 East
 Sec. 27 Twp. 11S Rge. 34 West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

See attached see labeled Drill Stem Tests.

Formation Description

Log Sample

Name Top Bottom

See attached Driller's Well Log sheet under Formation Data for Log tops.

CASING RECORD New Used
 Report all strings set-conductor, surface, intermediate, production, etc.

Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs./Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
surface	12 1/4"	8 5/8"	20#	300'	60/40 Poz	200	2% Gel, 3% CC

PERFORATION RECORD

Shots Per Foot	Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD

Size	Set At	Packer At	Liner Run
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First Production **DRY HOLE** Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION Open Hole Perforation Dually Completed Commingled Other (Specify) _____

Production Interval _____